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|---------------------------------|--|-------------------------------|---|
| <i>SERFF Tracking Number:</i> | <i>PHYS-125906421</i> | <i>State:</i> | <i>Arkansas</i> |
| <i>Filing Company:</i> | <i>Physicians Life Insurance Company</i> | <i>State Tracking Number:</i> | <i>40875</i> |
| <i>Company Tracking Number:</i> | <i>PRE-65 ACTCUSTINN-AR</i> | | |
| <i>TOI:</i> | <i>MS06 Medicare Supplement - Other</i> | <i>Sub-TOI:</i> | <i>MS06.000 Medicare Supplement - Other</i> |
| <i>Product Name:</i> | <i>Med Sup</i> | | |
| <i>Project Name/Number:</i> | <i>Pre-65 actcustinn-AR/Pre-65 actcustinn-AR</i> | | |

Filing at a Glance

Company: Physicians Life Insurance Company

Product Name: Med Sup

TOI: MS06 Medicare Supplement - Other

Sub-TOI: MS06.000 Medicare Supplement - Other

Filing Type: Advertisement

SERFF Tr Num: PHYS-125906421 State: ArkansasLH

SERFF Status: Closed

Co Tr Num: PRE-65

ACTCUSTINN-AR

Co Status:

Authors: Sonya Dickey, Sara Magee-Garcia

Date Submitted: 11/17/2008

State Tr Num: 40875

State Status: Filed-Closed

Reviewer(s): Stephanie Fowler

Disposition Date: 11/24/2008

Disposition Status: Filed

Implementation Date:

Implementation Date Requested:

State Filing Description:

General Information

Project Name: Pre-65 actcustinn-AR

Project Number: Pre-65 actcustinn-AR

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 11/24/2008

State Status Changed: 11/24/2008

Corresponding Filing Tracking Number:

Filing Description:

RE: Medicare Supplement Advertisements

Scripts: Pre-65 actcustinn-AR, Pre-65 lapseinn-AR, Pre-65 noncustinn-AR

Status of Filing in Domicile: Authorized

Date Approved in Domicile: 10/09/2008

Domicile Status Comments:

Market Type: Individual

Group Market Size:

Group Market Type:

Deemer Date:

Attached are copies of the above referenced scripts for your review and approval. The material will be used in your State to create an interest the following Medicare Supplement Policies:

POLICIES/RIDER MEDICARE PLAN APPROVAL DATE

SERFF Tracking Number: *PHYS-125906421* State: *Arkansas*
Filing Company: *Physicians Life Insurance Company* State Tracking Number: *40875*
Company Tracking Number: *PRE-65 ACTCUSTINN-AR*
TOI: *MS06 Medicare Supplement - Other* Sub-TOI: *MS06.000 Medicare Supplement - Other*
Product Name: *Med Sup*
Project Name/Number: *Pre-65 actcustinn-AR/Pre-65 actcustinn-AR*

L260AR A 7-14-03

L261AR B 7-14-03

L265AR F 7-14-03

L266AR G 7-14-03

L267AR High Deductible F 10-1-08

These scripts do contain some variable information indicated in brackets. Under the presentation portion the individual's name is variable. Also under the presentation portion we use the words "brand new" to describe our Medicare Supplement Policy L267AR that was recently approved. Once this policy is no longer brand new we will not be using the words "brand new" therefore they have been filed as variable copy. Under the verification portion we have included the word "color" as variable with the other options as being "candy bar, candy, cookie or pie".

If you have any questions concerning the enclosed material, please contact me at 1-800-228-9100, option 1, option 6, extension 1663. You can also contact me via email at Sonya.Dickey@physiciansmutual.com. Your assistance in getting the material approved for use in your State is greatly appreciated.

Company and Contact

Filing Contact Information

Sonya Dickey,
2600 Dodge Street
Omaha, NE 68131

sonya.dickey@physiciansmutual.com
(800) 228-9100 [Phone]
(402) 633-1096[FAX]

Filing Company Information

Physicians Life Insurance Company
2600 Dodge Street
Omaha, NE 68131
(402) 633-1188 ext. [Phone]

CoCode: 72125 State of Domicile: Nebraska
Group Code: 367 Company Type:
Group Name: State ID Number:
FEIN Number: 47-0529583

Filing Fees

Fee Required? Yes

| | | | |
|---------------------------------|--|-------------------------------|---|
| <i>SERFF Tracking Number:</i> | <i>PHYS-125906421</i> | <i>State:</i> | <i>Arkansas</i> |
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| <i>TOI:</i> | <i>MS06 Medicare Supplement - Other</i> | <i>Sub-TOI:</i> | <i>MS06.000 Medicare Supplement - Other</i> |
| <i>Product Name:</i> | <i>Med Sup</i> | | |
| <i>Project Name/Number:</i> | <i>Pre-65 actcustinn-AR/Pre-65 actcustinn-AR</i> | | |
| Fee Amount: | \$120.00 | | |
| Retaliatory? | No | | |
| Fee Explanation: | 40 x 3 | | |
| Per Company: | No | | |

SERFF Tracking Number: PHYS-125906421 State: Arkansas
Filing Company: Physicians Life Insurance Company State Tracking Number: 40875
Company Tracking Number: PRE-65 ACTCUSTINN-AR
TOI: MS06 Medicare Supplement - Other Sub-TOI: MS06.000 Medicare Supplement - Other
Product Name: Med Sup
Project Name/Number: Pre-65 actcustinn-AR/Pre-65 actcustinn-AR

| COMPANY | AMOUNT | DATE PROCESSED | TRANSACTION # |
|-----------------------------------|----------|----------------|---------------|
| Physicians Life Insurance Company | \$120.00 | 11/17/2008 | 23980520 |

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|---------------------------------|--|-------------------------------|---|
| <i>SERFF Tracking Number:</i> | <i>PHYS-125906421</i> | <i>State:</i> | <i>Arkansas</i> |
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| <i>Product Name:</i> | <i>Med Sup</i> | | |
| <i>Project Name/Number:</i> | <i>Pre-65 actcustinn-AR/Pre-65 actcustinn-AR</i> | | |

Correspondence Summary

Dispositions

| Status | Created By | Created On | Date Submitted |
|---------------|-------------------|-------------------|-----------------------|
| Filed | Stephanie Fowler | 11/24/2008 | 11/24/2008 |

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|---------------------------------|--|-------------------------------|---|
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| <i>TOI:</i> | <i>MS06 Medicare Supplement - Other</i> | <i>Sub-TOI:</i> | <i>MS06.000 Medicare Supplement - Other</i> |
| <i>Product Name:</i> | <i>Med Sup</i> | | |
| <i>Project Name/Number:</i> | <i>Pre-65 actcustinn-AR/Pre-65 actcustinn-AR</i> | | |

Disposition

Disposition Date: 11/24/2008

Implementation Date:

Status: Filed

Comment:

Rate data does NOT apply to filing.

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|--------------------------|---|------------------------|--------------------------------------|
| SERFF Tracking Number: | PHYS-125906421 | State: | Arkansas |
| Filing Company: | Physicians Life Insurance Company | State Tracking Number: | 40875 |
| Company Tracking Number: | PRE-65 ACTCUSTINN-AR | | |
| TOI: | MS06 Medicare Supplement - Other | Sub-TOI: | MS06.000 Medicare Supplement - Other |
| Product Name: | Med Sup | | |
| Project Name/Number: | Pre-65 actcustinn-AR/Pre-65 actcustinn-AR | | |

| Item Type | Item Name | Item Status | Public Access |
|-----------|----------------------|-------------|---------------|
| Form | Pre-65 actcustinn-AR | Filed | Yes |
| Form | Pre-65 lapseinn-AR | Filed | Yes |
| Form | Pre-65 noncustinn-AR | Filed | Yes |

SERFF Tracking Number: PHYS-125906421 State: Arkansas

Filing Company: Physicians Life Insurance Company State Tracking Number: 40875

Company Tracking Number: PRE-65 ACTCUSTINN-AR

TOI: MS06 Medicare Supplement - Other Sub-TOI: MS06.000 Medicare Supplement - Other

Product Name: Med Sup

Project Name/Number: Pre-65 actcustinn-AR/Pre-65 actcustinn-AR

Form Schedule

Lead Form Number: Pre-65 actcustinn-AR

| Review Status | Form Number | Form Type | Form Name | Action | Action Specific Data | Readability | Attachment |
|---------------|----------------------|-------------|----------------------|---------|----------------------|-------------|--------------------------|
| Filed | Pre-65 actcustinn-AR | Advertising | Pre-65 actcustinn-AR | Initial | | | Pre-65 actcustinn-AR.pdf |
| Filed | Pre-65 lapseinn-AR | Advertising | Pre-65 lapseinn-AR | Initial | | | Pre-65 lapseinn-AR.pdf |
| Filed | Pre-65 noncustinn-AR | Advertising | Pre-65 noncustinn-AR | Initial | | | Pre-65 noncustinn-AR.pdf |

Physicians Life Insurance Company
2600 Dodge Street, Omaha, NE 68131
Lead Generation Pre-65 Active Customer Script

Opening:

“Hello ... may I speak with Mr/Ms [_____]?”

If available: Go to **Presentation**

If not available (and speaking to opposite gender): “Is this Mr/Ms [**Spouse**]?”

If “yes”: “Okay, Mr/Ms[____], I’d be happy to speak with you.” (To **Presentation**)

If “no”: “That’s fine, I’ll try back another time. Have a good day/evening. Good-bye.”

If not available (and speaking to same gender): “That’s fine, I’ll try back another time. Have a good day/evening. Good-bye.”

If not interested: “That’s fine. Have a good day/evening. Good-bye.”

If “who’s speaking”: “This is [____], and I’m calling on behalf of Physicians Life Insurance Company. Is he/she available?”

If “yes”: Go to **Presentation**.

If “no”: “Is this Mr/Ms [**Spouse**]?”

If “yes”: “Okay, Mr/Ms[____], I’d be happy to speak with you.” (To **Presentation**)

If “no”: “That’s fine, I’ll try back another time. Have a good day/evening. Good-bye.”

Presentation:

“Hello, Mr./Mrs. [XXXXXXXXX]. We’re calling you today from Physicians Life Insurance Company about Medicare. As one of our valued policyowners, we know you realize the value of planning ahead.”

“Since you’ll soon turn 65, now is the time to start thinking about the type of coverage you may want. We offer a choice of Medicare supplement insurance policies that may fit your needs and a/an [brand new] alternative with money saving rates to help fit your budget.”

“We have a Company Agent who can answer your questions and explain your options with NO obligation.”

“When is the best time for them to contact you? Morning/Afternoon/Evening?”

If Yes: (To Confirmation)

If No: Respond Appropriately, then “Thank you for your time. Physicians Life Insurance Company is not connected with, or endorsed by, the U.S. Government or the Federal Medicare Program. For costs and further details of the coverage, including exclusions, any reductions or limitations and the terms under which the insurance policy may be continued in force, please call 1-800-325-6300.

Taped Confirmation: (TURN ON TAPE RECORDER)

“Great. Now let me verify your name and address. To make sure I don’t make any errors, I’ll record the call ... OK?”

If “Yes”: Go to **Verification**

If **"No"**: (TURN OFF TAPE RECORDER) "That's fine, Mr./Ms. [____], I'll just be extra careful and verify the information manually." Go to **Verification**

Verification:

"I show your name spelled as (spell first and last names)."

"And your address as (verify address, capture if any changes)."

"And is this the best number to reach you?"

If **Yes**: Continue

If **No**: "What number would you like us to use to contact you in the future?"

(Capture new number [____-____])

"And do you have an email address?"

If **Yes**: Capture email: [____@____]

If **No**: "That's fine." (CONTINUE)

If **Why is this needed**: "From time to time, we have valuable information to share with you via email. This email address will not be shared with other companies. Do you have an email address that you would like me to list?"

If **Yes**: Capture email: [____@____]

If **No**: "That's fine." (CONTINUE)

"OK, I've noted that the best time for our Company Agent to contact you is [____]. To help you remember the call, what would you say is your favorite [color] (**Other options**: candy bar, candy, cookie or pie)? The Company Agent may mention this [color] (**Other options**: candy bar, candy, cookie or pie) when contacting you."

Courtesy Close:

"**A Company Agent will contact you with more information within 2 weeks.** For costs and further details of the coverage, including exclusions, any reductions or limitations and the terms under which the insurance policy may be continued in force, please call 1-800-325-6300. Physicians Life Insurance Company is not connected with, or endorsed by, the U.S. Government or the Federal Medicare Program. Thank you and have a pleasant day/evening. Good-bye."

Physicians Life Insurance Company
2600 Dodge Street, Omaha, NE 68131
Lead Generation Pre-65 lapsed Customer Script

Opening:

“Hello ... may I speak with Mr/Ms [_____]?”

If available: Go to **Presentation**

If not available (and speaking to opposite gender): “Is this Mr/Ms [**Spouse**]?”

If “yes”: “Okay, Mr/Ms[____], I’d be happy to speak with you.” (To **Presentation**)

If “no”: “That’s fine, I’ll try back another time. Have a good day/evening. Good-bye.”

If not available (and speaking to same gender): “That’s fine, I’ll try back another time. Have a good day/evening. Good-bye.”

If not interested: “That’s fine. Have a good day/evening. Good-bye.”

If “who’s speaking”: “This is [____], and I’m calling on behalf of Physicians Life Insurance Company. Is he/she available?”

If “yes”: Go to **Presentation**.

If “no”: “Is this Mr/Ms [**Spouse**]?”

If “yes”: “Okay, Mr/Ms[____], I’d be happy to speak with you.” (To **Presentation**)

If “no”: “That’s fine, I’ll try back another time. Have a good day/evening. Good-bye.”

Presentation:

“Hello, Mr./Mrs. [XXXXXXXX]. We’re calling you today from Physicians Life Insurance Company about Medicare. You were a valued customer and we enjoyed having you as part of our family.”

“Since you’ll soon turn 65, now is the time to start thinking about the type of coverage you may want. We offer a choice of Medicare supplement insurance policies that may fit your needs and a/an [brand new] alternative with money saving rates to help fit your budget.”

“We have a Company Agent who can answer your questions and explain your options with NO obligation.”

“When is the best time for them to contact you? Morning/Afternoon/Evening?”

If Yes: (To Confirmation)

If No: Respond Appropriately, then “Thank you for your time. Physicians Life Insurance Company is not connected with, or endorsed by, the U.S. Government or the Federal Medicare Program. For costs and further details of the coverage, including exclusions, any reductions or limitations and the terms under which the insurance policy may be continued in force, please call 1-800-325-6300.”

Taped Confirmation: (TURN ON TAPE RECORDER)

“Great. Now let me verify your name and address. To make sure I don’t make any errors, I’ll record the call ... OK?”

If "Yes": Go to Verification

If "No": (TURN OFF TAPE RECORDER) "That's fine, Mr./Ms. [____], I'll just be extra careful and verify the information manually." Go to **Verification**

Verification:

"I show your name spelled as (spell first and last names)."

"And your address as (verify address, capture if any changes)."

"And is this the best number to reach you?"

If Yes: Continue

If No: "What number would you like us to use to contact you in the future?"

(Capture new number [____-____])

"And do you have an email address?"

If Yes: Capture email: [_____]@_____]

If No: "That's fine." (CONTINUE)

If Why is this needed: "From time to time, we have valuable information to share with you via email. This email address will not be shared with other companies. Do you have an email address that you would like me to list?"

If Yes: Capture email: [_____]@_____]

If No: "That's fine." (CONTINUE)

"OK, I've noted that the best time for our Company Agent to contact you is [____]. To help you remember the call, what would you say is your favorite [color] (**Other options:** candy bar, candy, cookie or pie)? The Company Agent may mention this [color] (**Other options:** candy bar, candy, cookie or pie) when contacting you."

"A Company Agent will contact you with more information within 2 weeks. For costs and further details of the coverage, including exclusions, any reductions or limitations and the terms under which the insurance policy may be continued in force, please call 1-800-325-6300. Physicians Life Insurance Company is not connected with, or endorsed by, the U.S. Government or the Federal Medicare Program. Thank you and have a pleasant day/evening. Good-bye."

**Physicians Life Insurance Company
2600 Dodge Street, Omaha, NE 68131
Lead Generation Pre-65 Non Customer**

Opening:

“Hello ... may I speak with Mr/Ms [_____]?”

If available: Go to **Presentation**

If not available (and speaking to opposite gender): “Is this Mr/Ms [**Spouse**]?”

If “yes”: “Okay, Mr/Ms[____], I’d be happy to speak with you.” (To **Presentation**)

If “no”: “That’s fine, I’ll try back another time. Have a good day/evening. Good-bye.”

If not available (and speaking to same gender): “That’s fine, I’ll try back another time. Have a good day/evening. Good-bye.”

If not interested: “That’s fine. Have a good day/evening. Good-bye.”

If “who’s speaking”: “This is [____], and I’m calling on behalf of Physicians Life Insurance Company. Is he/she available?”

If “yes”: Go to **Presentation**.

If “no”: “Is this Mr/Ms [**Spouse**]?”

If “yes”: “Okay, Mr/Ms[____], I’d be happy to speak with you.” (To **Presentation**)

If “no”: “That’s fine, I’ll try back another time. Have a good day/evening. Good-bye.”

Presentations:

“Hello, Mr./Mrs. [XXXXXXXXX]. We’re calling you today from Physicians Life Insurance Company to talk about Medicare. Since you’ll soon turn 65, now is the time to start thinking about the type of coverage you may want. We offer a choice of Medicare supplement insurance policies that may fit your needs and a/an [brand new] alternative with money saving rates to help fit your budget.”

“We have a Company Agent who can answer your questions and explain your options with no obligation.”

“When is the best time for them to contact you? Morning/afternoon/evening?”

If Yes: (To Confirmation)

If No: Respond Appropriately, then “Thank you for your time. Physicians Life Insurance Company is not connected with, or endorsed by, the U.S. Government or the Federal Medicare Program. For costs and further details of the coverage, including exclusions, any reductions or limitations and the terms under which the insurance policy may be continued in force, please call 1-800-325-6300

Taped Confirmation: (TURN ON TAPE RECORDER)

“Great. Now let me verify your name and address. To make sure I don’t make any errors, I’ll record the call ... OK?”

If “Yes”: Go to **Verification**

If “No”: (TURN OFF TAPE RECORDER) “That’s fine, Mr./Ms. [____], I’ll just be extra careful and verify the information manually.” Go to **Verification**

Verification:

“I show your name spelled as (spell first and last names).”

“And your address as (verify address, capture if any changes).”

"And is this the best number to reach you?"

If Yes: Continue

If No: "What number would you like us to use to contact you in the future?"

(Capture new number [____-____])

"And do you have an email address?"

If Yes: Capture email: [_____@_____]

If No: "That's fine." (CONTINUE)

If Why is this needed: "From time to time, we have valuable information to share with you via email. This email address will not be shared with other companies. Do you have an email address that you would like me to list?"

If Yes: Capture email: [_____]@_____]

If No: "That's fine." (CONTINUE)

“OK, I’ve noted that the best time for our Company Agent to contact you is [_____]. To help you remember the call, what would you say is your favorite [color] (**Other options:** candy bar, candy, cookie or pie)? The Company Agent may mention this [color] (**Other options:** candy bar, candy, cookie or pie) when calling.”

Courtesy Close:

“A Company Agent will contact you with more information within 2 weeks. For costs and further details of the coverage, including exclusions, any reductions or limitations and the terms under which the insurance policy may be continued in force, please call 1-800-325-6300. Physicians Life Insurance Company is not connected with, or endorsed by, the U.S. Government or the Federal Medicare Program. Thank you and have a pleasant day/evening. Good-bye.”

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| <i>Filing Company:</i> | <i>Physicians Life Insurance Company</i> | <i>State Tracking Number:</i> | <i>40875</i> |
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| <i>TOI:</i> | <i>MS06 Medicare Supplement - Other</i> | <i>Sub-TOI:</i> | <i>MS06.000 Medicare Supplement - Other</i> |
| <i>Product Name:</i> | <i>Med Sup</i> | | |
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Rate Information

Rate data does NOT apply to filing.